

**APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
SO-08-03 - 14 JAN 03**

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **4 Feb 03**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ACQUISITION MANAGEMENT DEPARTMENT
1681 NELSON STREET, ATTN: CODE 220
FORT DETRICK, MD 21702-9203

E-MAIL: acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: CODE 220

A. NOTICE. This position is set aside for individual Registered Polysomnographic Technologists (RPSGT) or Registered Electroencephalographic Technologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer,

B. POSITION SYNOPSIS. Registered Polysomnographic Technologists (RPSGT) or Registered Electroencephalographic Technologists. The Government is seeking to place under contract an individual who possesses either current registration as a Registered Polysomnographic Technologist as determined by the Board of Registered Polysomnographic Technologists OR possesses current Registration as an Electroencephalographic Technologist as determined by the American Board of Registration of Electroencephalographic and Evoked Potential Technologists. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award.

Services shall be provided at the Naval Medical Center, San Diego, CA.

You shall normally be scheduled to provide on-site services for 80 hours per two week period. Schedules will be coordinated with the Contracting Officer's Representative (COR) at least 30 days in advance. The normal work week will be forty-five hours with an uncompensated one hour meal break each day. The schedule of the individual workweeks may vary among any of the following schedules: 0700-1600 in the sleep lab (day shift), 1200-2100 in the sleep lab (evening shift) or 5 twelve hour workdays from 1900 - 0700 (night shift) in the sleep lab. You shall be compensated for any hours in excess of 80 hours per two week period per the applicable line item of Section B. It is anticipated that you shall work one night shift schedule per month. In general, the hours will be divided evenly between day and night/evening shifts. That is, half the shifts will be night shifts and the other half will be either day or evening shifts according to the need of the Neurosciences Department. Times of these shifts are subject to change to meet the needs of the Department. Contract personnel shall rotate through the various shifts in turn with other polysomnographic/electroencephalographic technicians in the Department. You shall arrive for each scheduled shift in a well rested condition.

You shall accrue eight hours of personal leave per 80 hour period worked. Leave is not accrued while performing overtime services. Personal leave shall be used for absences due to both sickness and planned vacations. 3.5. Services of the health care worker may be required on the following paid holidays: New Year's Day, Martin Luther King's Birthday, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. Should the health care worker be required to work a holiday, they shall receive another day off. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of “Commanding Officer” means: Commander, Naval Medical Center, San Diego, CA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. You shall perform a full range of RPSGT/Registered Electroencephalographic Technology services, on site, using Government furnished facilities, equipment and supplies. Actual clinical activity will be a function of the overall demand for services. Productivity is expected to be comparable with that of other contracted individuals performing similar services.

You shall comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

- Licensure and/or regulation of healthcare personnel in treatment facilities, and
- The regulations and standards of professional practice of the treatment facility, and
- The bylaws of the treatment facility’s professional staff.

1. ADMINISTRATIVE AND TRAINING REQUIREMENTS – you shall:

1.1. Provide training and/or direction as applicable to supporting Government employees (i.e. LPNs, hospital corpsmen, technicians, students) assigned to the health care worker during the performance of clinical procedures. Perform limited administrative duties which include maintaining statistical records of their clinical workload, participating in education programs and research, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

1.2. Participate in the provision of monthly inservice training to non-health care-practitioner members of the clinical and administrative staff on subjects germane to your area of expertise.

1.3. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

1.4. Attend that portion of the command orientation classes that provides an overview of command resources and emergence response.

1.5. Attend all annual retraining classes required by the command.

1.6. Participate in the implementation of the Clinic’s Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.7. Attend all annual retraining classes required by this command, to include Basic Life Support Level C

(BLS-C) Certification.

1.8. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

SPECIFIC DUTIES/RESPONSIBILITIES OF RPSGT/REGISTERED ELECTROENCEPHALOGRAPHIC TECHNOLOGISTS ARE AS FOLLOWS.

Duties 1:

1.1. Conduct electroencephalograms on patients in the EEG laboratory or on all units within Naval Medical Center, San Diego.

1.2. Review patient records for contributing, complicating or other medical conditions pertinent to the performance of EEG/EMG procedures.

1.3. Explain procedures and position the patient as to insure patient comfort for optimal recording of EEGs/EMGs. Anticipate and correct factors related to patient discomfort, mechanical and electrical interference(Artifacts).

1.4. Scan and examine the recording environment to detect and eliminate possible sources of artifacts and recognize artifacts as they occur in the EEG/EMG in real time; work rapidly to diagnose and eliminate artifacts in order to preserve the integrity of the recording.

1.5. Employ sterile techniques when conducting EEG/EMG procedures in the Operating Room, ICU, CCU and other sites as appropriate.

1.6. Select from a wide variety of electrodes and determine the optimum for each individual case situation.

1.7. Recognize artifacts, patient movements and electroencephalographic findings and make changes in recording techniques and parameters to optimize display of the phenomenon in question. Distinguish between artifactual and cerebral sources of electrographic findings.

1.8. Associate any changes in recording parameters as they occur.

1.9. Conduct activation procedures including hyperventilation, photic stimulation used in the assessment of cerebral reactivity and sleep. Recognize clinical manifestations of different types of seizures as they occur and perform behavior testing to assess the degree of responsiveness during the recording. Annotate seizures on testing and the electroencephalographic record, along with responses to testing in real time.

1.10. Perform brain death EEGs in accordance with American EEG Society Standards.

1.11. Instruct students and other technicians in EEG techniques.

1.12. Perform operator maintenance of EEG equipment, e.g. disassemble machine, clean and oil parts and make repairs or replace parts as required. Clean, sharpen and sterilize electrodes.

Duties 2:

2.1. Independently perform Cortical Evoked Potential studies, including visual, brainstem and somatosensory evoked potentials; perform advanced evoked potential studies involving topographic display of fields of evoked potentials and nonstandard evoked potential evaluations in conjunction with experimental protocols.

- 2.2. Utilize up to 8 channels for somatosensory evoked potentials; interface with menu-driven software programs in order to operate stimulating and recording sections of evoked potential instrumentation averager.
- 2.3. Utilize computer averaging techniques and make changes in stimulation parameters, filter band width, and gain to optimize recording and cortically evoked potentials.
- 2.4. Troubleshoot during the performance of evoked potential tests to detect artifacts or other technical problems relating to recording of cortical wave forms. When wave forms are not present, decide whether it is due to technical problems or represents an abnormal finding that is related to patient disease.
- 2.5. Eliminate sources or artifacts that are due to patient discomfort or anxiety. Provide basic education regarding the nature of the procedure in order to establish a rapport with the patient and allay fears or any misconceptions about the procedures.
- 2.6. Make precision on-line adjustments to optimally display amplitude, duration and other parameters related to the display and printout of wave forms. Provide completed studies to the physician and complete necessary patient documentation in accordance with standard MTF protocols.
- 2.7. Attend Departmental Meetings during normal working hours. Complete work logs and schedules in accordance with MTF protocols.

Duties 3:

- 3.1. Write technical reports summarizing test results to assist physicians in diagnosis of brain disorders.
- 3.2. Perform other physiological tests, such as electrocardiogram, electroculogram, and ambulatory electroencephalogram as directed.
- 3.3. Perform video monitoring of patient's actions during testing as directed..
- 3.4. Monitor patient during surgery, using EEG or evoked potential instrument as directed.
- 3.5. Supervise other technologists and be the subject matter expert/resource for intraoperative procedures as directed.
4. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:
 - 4.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
 - 4.2. The regulations and standards of professional practice of the treatment facility, and
 - 4.3. The bylaws of the treatment facility's professional staff.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess current registration as a Registered Polysomnographic Technologist (RPSGT) as determined by the Board of Registered Polysomnographic Technologists.

OR:

Possess Current Registration as an Electroencephalographic Technologist as determined by the American Board of Registration of Electroencephalographic and Evoked Potential Technologists.

2. Possess experience as Registered Polysomnographic Technologists (RPSGT) or Registered Electroencephalographic Technologists of at least 3 years within the preceding 5 years.
3. Provide two letters of recommendation from practicing physicians or direct supervisors attesting to clinical and professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.
4. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment 003.
5. Represent an acceptable malpractice risk to the Navy.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following criteria, listed in descending order of importance.

1. Experience and training as it relates to the duties contained herein, then,
2. The letters of recommendation, Item D.3, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
3. Additional Medical certifications or licensure, then,
4. Total Continuing Education hours in the medical field, then
5. Prior experience in a military medical facility (Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ Two completed " *Personal Qualifications Sheet – Polysomnographic Technologist" (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Two copies Proof of employment eligibility (Attachment 3).
4. _____ Three or more letters of recommendation per paragraph D.4., above. (If applicable)
5. _____ A completed Central Contracting Registration Application Confirmation Sheet (Attachment 4)
6. _____ A Completed Small Business Representation Form (Attachment 5)

***Please answer every question on the " Personal Qualifications Sheet – Polysomnographic Technologist". Mark "N/A" if the item is not applicable.**

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for Polysomnographic Technologist is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at 301-619-2151.

We look forward to receiving your application.

ATTACHMENT 001

PERSONAL QUALIFICATIONS SHEET – POLYSOMNOGRAPHY/EEG TECHNOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on the requirements package. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item V. of the Personal Qualifications Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Training Certification, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license or certification to practice ever been revoked or
restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PERSONAL QUALIFICATIONS SHEET - POLYSOMNOGRAPHY/EEG
TECHNOLOGIST

I. General Information

Name: _____ SSN: _____

Last First Middle

Address: _____

Phone: (____)____-_____

II. Registration (Provide a copy of the card):

Registered Polysomnographic Technologist (RPSGT)

Date of Certification: _____ (mm/dd/yy)

Date of Expiration: _____ (mm/dd/yy)

OR

Registered Electroencephalographic Technologist:

Date of Certification: _____ (mm/dd/yy)

Date of Expiration: _____ (mm/dd/yy)

III. Basic Life Support Level C: Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____

Expiration Date: _____ (mm/dd/yy)

IV. Professional Employment: List your current and preceding employers. Provide dates as month/year.

If more space is required, please use a separate sheet of paper:

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
---	-------------	-----------

(1) _____	_____	_____
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Work Performed: _____

Names and Addresses of Preceding Employers

<u>From</u>	<u>To</u>
-------------	-----------

(2) _____	_____
-----------	-------

Work Performed: _____

(3) _____ From _____ To _____

Work Performed: _____

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

V. Professional References:

Provide two letters of recommendation from practicing physicians or direct supervisors attesting to clinical and professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.

VI. Employment Eligibility (Provide copies of supporting documentation):

Yes No

Do you meet the requirements for U.S. Employment
 Eligibility contained in Section V?

VII. Additional Medical Certifications or Licensure

Type of Certification or License and Date of Certification or Expiration

VIII. Continuing Education:

Title Of Course

Course Dates

CE Hrs

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IX. Additional Information:

Provide any additional information such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

X. I hereby certify the above information to be true and accurate:

 (Signature) (Date) (mm/dd/yy)

ATTACHMENT 002

PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 7 April 2003 through 30 September 2003. Four option periods will be included which will extend services through 30 September 2007, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Polysomnographic Technologists in the San Diego, CA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

Line Item	Description	Quantity	Unit	Unit Price	Total Amount
0001	The offeror agrees to perform on behalf of the Government, the duties of one Polysomnographic Technologist at the Naval Medical Center, San Diego in accordance with this Application and the resulting contract.				
0001AA	Base Period; 7 Apr 03 thru 30 Sep 03	1016	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2088	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2088	Hour	_____	_____
TOTAL CONTRACT					_____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing

- | | |
|---|--|
| 5. U.S. Military card or draft record | an official seal |
| 6. Military dependant's ID Card | 4. Native American Tribal document |
| 7. U.S. Coast Guard Merchant Mariner Card | 5. U.S. Citizen ID Card (INS Form I-197) |
| 8. Native American tribal document | 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) |
| 9. Driver's license issued by a Canadian government authority | 7. Unexpired employment authorization document issued by the INS (other than those listed under List a). |
| For persons under age 18 who are unable to present a document listed above; | |
| 10. School record or report card | |
| 11. Clinic, doctor, or hospital record | |
| 12. Day-care or nursery school record | |

ATTACHMENT 004

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html>. If you do not have internet access, please contact (301) 619-2151 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22 O
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

___ Black American.

___ Hispanic American.

___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).